PERSONNEL ACTIVITY REPORT (TIME AND EFFORT REPORT)

Organization Name: Grant Num Employee's Name: Week Endi					ber: #09-6188-2113 ng:		
ACTIVITY: Distribution					n of Time:		
Arts Endowm	ent:						
1. Grant or Do	CA #:	#09-6188-	2113			%	
2. Grant or Do	CA #:					%	
3. Grant or DCA #:						%	
			SUE	BTOTAL:		%	
Non-Arts End	owment	Projects:					
1. Project name:			%			%	
2. Project name:						%	
3. Project nar	ne:					%	
			SUE	BTOTAL:		%	
Other:							
Administrative:						%	
Fundraising*:						%	
Leave:	Sick					%	
	Vacatio	n				%	
	Other (specify)				%	
						%	
			SUE	BTOTAL:		%	
		-	TOTAL Time and Effort (must equa	al 100%):		100%	
Employee's Signature:					Date:		
Supervisor's Signature:					Date:		

In preparing personnel activity reports, please note the following:

- The reports must be based on an after-the-fact determination of the employee's actual activities. For example, the distribution of time might be determined based on notes from personal calendars and/or reasonable estimates of time spent on various activities.
- All of the employee's compensated time must be accounted for in these reports. This would include time spent on activities in addition to the Arts Endowment-supported project(s), as well as leave (sick/vacation/holiday), administrative duties, fundraising, etc. NOTE: For nonprofessional employees, you must also maintain records indicating the total number of hours worked each day in conformance with the Fair Labor Standards Act (29 CFR Part 516).
- Reports must coincide with one or more pay periods and be used to reconcile salary and fringe benefit costs to appropriate accounts on a regular (at least monthly) basis
- These reports must be signed.

^{*}Federal funds, including **Recovery Act** funds, **cannot** be used for fundraising.